

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

July 3, 2003

**Re: IRO Case # M2-03-1199**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas.. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured her lower back on \_\_\_ while lifting plant flats. She is currently being treated by a chiropractor three times a week with electrical stimulator and heat. TPI's failed to give the patient relief.

Requested Service(s)

Purchase of Inferential Muscle Stimulator

Decision

I agree with the carrier's decision to deny the requested treatment

Rationale

The documentation submitted for this review failed to support the necessity of purchase of an inferential stimulator.

The patient has had intensive treatment for a diagnosed lumbar strain. Such a unit is not within the normal protocol for a lumbar strain.

A TENS unit or galvanic muscle stimulator may at times be appropriate for this type of injury. The patient was apparently deconditioned prior to the \_\_\_ injury. She also was obese and had had prior lower back surgery. This complicated her recovery. However, on 3/26/03 the patient was placed at MMI, and released to return to work without restrictions. The medical examiner stated that no further treatment or testing was necessary at this time. The efficacy and long term benefits of this stimulator are not clear. Temporary relief could lead to dependency and detour the patient from properly rehabilitating her back through a home-based strength and conditioning program. Based on the records submitted for this review, the patient might benefit from a weight loss program and a home-based exercise program.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:  
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 8<sup>th</sup> day of July 2003.